



County of San Bernardino

F A S

CONTRACT TRANSMITTAL

FOR COUNTY USE ONLY

<input checked="" type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	Vendor Code			SC	Dent. PHL	A	Contract Number		
County Department Public Health					Dept. PHL	Orgn. PHL	Contractor's License No.		
County Department Contract Representative Marie Byrne					Telephone 383-3066		Total Amount \$281,250		
Contract Type <input type="checkbox"/> Revenue <input type="checkbox"/> Encumbered <input type="checkbox"/> Unencumbered <input type="checkbox"/> Other:									
If not encumbered or revenue contract type, provide reason:									
Commodity Code			Contract Start Date		Contract End Date		Original Amount		Amendment Amount
Fund AAA	Dept. PHL	Organization	Appr.	Obj/Rev Source		GRC/PROJ/JOB No.		Amount	
Fund	Dept.	Organization	Appr.	Obj/Rev Source		GRC/PROJ/JOB No.		Amount	
Fund	Dept.	Organization	Appr.	Obj/Rev Source		GRC/PROJ/JOB No.		Amount	
Project Name				Estimated Payment Total by Fiscal Year					
				FY	Amount	I/D	FY	Amount	I/D

CONTRACTOR State of California, Department of Health Services

Federal ID No. or Social Security No. \_\_\_\_\_

Contractor's Representative Immunization Branch

Address 2151 Berkeley Way, Room 712, Berkeley, CA 94704 Phone (510) 540-2065

Nature of Contract: *(Briefly describe the general terms of the contract)*

This is an application to State of California, Department of Health Services (CDHS), for continued funding of VaxTrack, the immunization registry, in the amount of \$510,000 for the period July 1, 2004 through June 30, 2005. The grant application is submitted for the two county region of Riverside and San Bernardino as required by the California Department of Health Services Immunization Branch, and reflects \$228,250 for Riverside County and \$281,250 for San Bernardino County as to the division of responsibility between the two counties for VaxTrack.

*(Attach this transmittal to all contracts not prepared on the "Standard Contract" form.)*

Approved as to Legal Form (sign in blue ink)  County Counsel  Date _____	Reviewed as to Contract Compliance  Date _____	Presented to BOS for Signature  Department Head  Date _____
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Auditor/Controller-Recorder Use Only

<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By

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***Auditor/Controller-Recorder Use Only***

<input type="checkbox"/> Contract Database		<input type="checkbox"/> FAS	
Input Date		Keyed By	